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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	10/089036	FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			51			
2	/	/	/			52			
3	2	/	/			53			
4	2	/	/			54			
5	2	/	/			55			
6	2	/	/			56			
7	2	/	/			57			
8	2	/	/			58			
9	2	/	/			59			
10	/	/	/			60			
11	/	/	/			61			
12	/	/	/			62			
13	1	/	/			63			
14	1	/	/			64			
15	1	/	/			65			
16	/	/	/			66			
17	1	/	/			67			
18	2	/	/			68			
19	2	1	/			69			
20	1	/	/			70			
21	/	/	/			71			
22	/	/	/			72			
23	/	/	/			73			
24	/	/	/			74			
25	/	/	/			75			
26	/	/	/			76			
27	/	/	/			77			
28	/	/	/			78			
29	/	/	/			79			
30	/	/	/			80			
31	/	/	/			81			
32	/	/	/			82			
33	/	/	/			83			
34	/	/	/			84			
35	/	/	/			85			
36	/	/	/			86			
37	/	/	/			87			
38	/	/	/			88			
39	/	/	/			89			
40	/	/	/			90			
41	/	/	/			91			
42	/	/	/			92			
43	/	/	/			93			
44	/	/	/			94			
45	/	/	/			95			
46	/	/	/			96			
47	/	/	/			97			
48	/	/	/			98			
49	/	/	/			99			
50	/	/	/			100			
OTAL ID.		3				TOTAL IND.			
OTAL EP.		93				TOTAL DEP.			
OTAL CLAIMS		24				TOTAL CLAIMS			